

UNITED STATES BANKRUPTCY COURT  
NORTHERN DISTRICT OF ILLINOIS  
EASTERN DIVISION

**VOLUNTARY PETITION**

NAME OF DEBTOR

**Frank Michael Williams**

ALL OTHER NAMES USED BY THE DEBTOR IN THE LAST 6 YEARS (including married, maiden & trade)

NAME of JOINT DEBTOR

**Deborah Denise Williams**

ALL OTHER NAMES USED BY THE JOINT DEBTOR IN THE LAST 6 YEARS (including married, maiden & trade)

**FKA Deborah Wilkerson  
FKA Debra Telford**

SOC. SECURITY #/TAX I.D. NO (if more than one, state all) IF  
FALSE OR FRAUDULENT DO NOT SIGN THIS PETITION &  
COMMIT PERJURY!!! (Last 4 digits of Social)

**\*\*\*-\*\*-4216**

SOC. SECURITY #/TAX I.D. NO (if more than one, state  
all) IF FALSE OR FRAUDULENT DO NOT SIGN THIS  
PETITION & COMMIT PERJURY!!! (Last 4 digits of Social)

**\*\*\*-\*\*-2849**

STREET ADDRESS OF DEBTOR

**319 E. Streamwood Blvd  
Streamwood IL 60107**

STREET ADDRESS OF JOINT DEBTOR

**319 E. Streamwood Blvd  
Streamwood IL 60107**

COUNTY OF RESIDENCE OR PRINCIPAL PLACE OF BUSINESS

**Cook**

COUNTY OF RESIDENCE OR PRINCIPAL PLACE OF BUSINESS

**Cook**

MAILING ADDRESS OF DEBTOR

MAILING ADDRESS OF JOINT DEBTOR

LOCATION OF PRINCIPAL ASSETS OF BUSINESS DEBTOR (IF DIFFERENT FROM STREET ADDRESS ABOVE)

**NOT APPLICABLE**

**Information Regarding the Debtor (Check the Applicable Boxes)**

VENUE (Check any applicable box)

- ☒ Debtor has been domiciled or has had a residence, principal place of business or principal assets in this district for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District.
- ☐ There is a bankruptcy case concerning debtor's affiliate, general partner, or partnership pending in this District

TYPE OF DEBTOR (Check all boxes that apply)

☒ **Individual(s)**

- ☐ Corporation ☐ Railroad  
☐ Partnership ☐ Stockbroker  
☐ Other \_\_\_\_\_ ☐ Commodity Broker

CHAPTER OR SECTION OF BANKRUPTCY CODE UNDER WHICH  
THE PETITION IS FILED (Check one box)

- ☐ Chapter 7 ☐ Chapter 11 ☒ Chapter 13  
☐ Chapter 9 ☐ Chapter 12 ☐  
☐ Sec 304 0-- Case ancillary to foreign proceeding

NATURE OF DEBTS (Check one box)

☒ Consumer/Non-Business ☐ Business

FILING FEE (Check one box)

☒ Full Filing Fee Attached

CHAPTER 11 SMALL BUSINESS (Check all boxes that apply)

- ☐ Debtor is a small business as defined in 11 U.S.C. §101  
☐ Debtor is and elects to be considered a small business under 11 U.S.C. Sec.1121(e) (Optional)

☐ Filing Fee to be paid in installments (Applicable to individuals only).  
Must attach signed application for the court consideration certifying that  
the debtor is unable to pay fee except in installments. Rule 1006(b)/

STATISTICAL/ADMINISTRATIVE INFORMATION (Estimates Only)

- ☐ Debtor estimates that funds will be available for distribution to unsecured creditors
- ☒ Debtor estimates that, after any exempt property is excluded and administrative expenses paid, there will be no funds available for distribution to unsecured creditors.

ESTIMATED NO. OF CREDITORS

☒ **69**

ESTIMATED ASSETS

☒ **\$ 422,983**

ESTIMATED DEBTS

☒ **\$ 309,823**

PFG Record # **237764**



Voluntary Petition

NAME OF DEBTOR(S)

**Frank Michael Williams  
Deborah Denise Williams**

(This page must be completed and filed in every case)

I STATE THAT I FILED THE FOLLOWING OTHER BANKRUPTCY CASES WITHIN LAST 6 YEARS (IF BLANK, THIS IS FIRST IN 6 YRS)

LOCATION WHERE FILED:

**Northern District of Illinois**

CASE NO.

**05-09316**

DATE FILED

**03/15/2005**

PENDING BANKRUPTCY CASE FILED BY ANY SPOUSE, PARTNER, OR AFFILIATE OF THE DEBTOR(S)

NAME OF DEBTOR:

CASE NUMBER:

DATE:

DISTRICT

RELATIONSHIP:

JUDGE:

**Exhibit A** (To be completed only if debtor is required to file periodic reports (e.g., forms 10K and 10Q) with the Securities and Exchange Commission pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 and is requesting relief under chapter 11)

\_\_\_\_ Exhibit A is attached and made a part of this petition

**Exhibit C** Does the debtor own or have possession of any property that poses or is alleged to pose a threat of imminent and identifiable harm to public health or safety? NO If yes and Exhibit C is attached and made a part of this petition \_\_\_\_ XXXX No

Signature of Non-Attorney Petition Preparer I certify that I am a bankruptcy petition preparer as defined in 11 U.S.C. 110, that I prepared this document for compensation, and that I have provided the debtor with a copy of this document Printed Name of Bankruptcy Petition Preparer \_\_\_\_\_ Social Sec# \_\_\_\_\_ Address \_\_\_\_\_  
X \_\_\_\_\_ Signature of Bankruptcy Petition Preparer A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines of imprisonment of both 11 U.S.C. 110; 18 U.S.C. 156.

**DEBTOR (S) READ ENTIRE PETITION SIGN, AND DATE BELOW.  
ALSO, SIGN ON EVERY OTHER PAGE REQUIRED**

I declare under penalty of perjury that the information provided in this petition is true and correct. I am aware that I may proceed under Chapter 7, 11, 12 or 13 of Title 11, U.S. Code, understand the relief available under each such Chapter and choose to proceed. I request relief in accordance with the Chapter of Title 11, United States Code, specified in this petition.

Dated: \_\_\_\_/\_\_\_\_/2005

**Frank Michael Williams**

**X Date & Sign**

Dated: \_\_\_\_/\_\_\_\_/2005

**Deborah Denise Williams**

**X Date & Sign**

**Exhibit B - Signature of Attorney**

**Attorney Name: Sharon Hunt**

**Bar No: 619532**

Dated: \_\_\_\_/\_\_\_\_/2005

**LAW OFFICES OF PETER FRANCIS GERACI  
55 E. Monroe Street #3400  
Chicago IL 60603  
312.332.1800 (PH) 312.332.6354 (FAX)**

I, the attorney for the petitioner named in the foregoing petition, declare that I have informed the petitioner that (he or she) may proceed under chapter 7, 11, 12 or 13 of title 11, United States Code, and have explained the relief available under each Chapter.

**Attorney Name: Sharon Hunt**

**Bar No: 619532**

Dated: \_\_\_\_/\_\_\_\_/2005



## UNITED STATES BANKRUPTCY COURT

## NORTHERN DISTRICT OF ILLINOIS EASTERN DIVISION

In re

Frank Michael Williams and Deborah Denise Williams / Debtors

Attorney for Debtor: Sharon Hunt

## STATEMENT PURSUANT TO RULE 2016(b)

The undersigned, pursuant to Rule 2016(b), Rules of Bankruptcy Procedure, states that:

1. The compensation paid or promised by the Debtor(s), to the undersigned, is as follows:

For legal services rendered, Debtor(s) agrees to pay	\$2,700
Prior to the filing of this Statement, Debtor(s) has paid	\$700
	<u>          </u>
<b>Balance Due</b>	<b>-\$2,000</b>

2. The Filing Fee has been paid.

3. The Service rendered or to be rendered include the following:

- (a) Analysis of the financial situation, and rendering advice and assistance to the client in determining whether to file a petition under Title 11, U.S.C.
- (b) Preparation and filing of the petition, schedules, statement of affairs and other documents required by the court.
- (c) Representation of the client at the first meeting of creditors.
- (d) Advice as required.

4. The source of payments made by the debtor(s) to the undersigned was from earnings, wages and compensation for services performed, and none other.

## For ALL SOUTHERN DISTRICT OF INDIANA CHAPTER 13 CASES ONLY!

Refer to the attached guidelines for payment of ATTORNEYS' FEES &amp; RIGHTS &amp; RESPONSIBILITIES STATEMENT

5. The source of payments to be made by the debtor(s) to the undersigned for the unpaid balance remaining, if any, will be from earnings, wages and compensation for services performed and none other.
6. The undersigned has received no transfer, assignment or pledge of property from the debtor(s) except the following for the value stated: **None.**
7. The undersigned has not shared or agreed to share with any other entity, other than with members of the undersigned's law firm, any compensation paid or to be paid without the client's consent, except as follows: **None.**

*Respectfully submitted,*

Dated: \_\_\_\_/\_\_\_\_/2005

Attorney Name: Sharon Hunt

Bar No: 619532

LAW OFFICES OF PETER FRANCIS GERACI

55 E. Monroe Street #3400

Chicago IL 60603

312.332.1800 (PH) 312.332.6354 (FAX)



**UNITED STATES BANKRUPTCY COURT**  
**NORTHERN DISTRICT OF ILLINOIS EASTERN DIVISION**

In re

**Frank Michael Williams and Deborah Denise Williams / Debtors**

**Attorney for Debtor: Sharon Hunt**

**SCHEDULE A - REAL PROPERTY**

Except as directed below, list all real property in which the debtor has any legal, equitable, or future interest, including all property owned as a cotenant, community property, or in which the debtor has a life estate. Include any property in which the debtor holds rights and powers exercisable for the debtor's own benefit. If the debtor is married, state whether husband, wife, or both own the property by placing an "H", "W", "J", or "C" in the column labeled "HWJC". If the debtor holds no interest in real property, write "None" under "Description and Location of Property."

Description and Location of Property	Nature of Debtor's Interest in Property	H W J C	Market Value of Debtor's Interest	Amount of Secured Claim
319 E. Streamwood Blvd Streamwood, IL 60107 (Debtor's Residence held in fee simple)		J	\$ 170,000	\$ 187,000

**TOTAL MARKET VALUE OF REAL PROPERTY** **\$ 170,000**



**UNITED STATES BANKRUPTCY COURT  
NORTHERN DISTRICT OF ILLINOIS EASTERN DIVISION**

In re

**Frank Michael Williams and Deborah Denise Williams / Debtors**

**Attorney for Debtor: Sharon Hunt**

**SCHEDULE B - PERSONAL PROPERTY**

Except as directed below, list all personal property of the debtor of whatever kind. If the debtor has no property in one or more of the categories, place an "x" in the appropriate position in the column labeled "None." If additional space is needed in any category, attach a separate sheet properly identified with the case name, case number, and the number of the category. If the debtor is married, state whether husband, wife, or both own the property by placing an "H", "W", "J", or "C" in the column labeled "HWJC". If the debtor is an individual or a joint petition is filed, state the amount of any exemptions claimed only in Schedule C - Property Claimed as Exempt.

Description and Location of Property	H W J C	Market Value of Debtors Interest
01. Cash on Hand		[X] None
02. Checking, savings or other financial accounts, certificates of deposit or shares in banks, savings and load, thrift, building and load, and homestead associations or credit unions, brokerage houses, or cooperatives.		
<b>Checking account with Bank One - Acct # XXXXX8724</b>	H	\$ 40
<b>Checking account with TCF - Acct # XXXXX0756</b>	W	\$ 5
03. Security Deposits with public utilities, telephone companies, landlords and others.		[X] None
04. Household goods and furnishings, including audio, video, and computer equipment.		
<b>Household goods; TV, VCR, DVD player, stereo, sofa, table, chairs, bedroom set, microwave, pots/pans, dishes/flatware</b>	J	\$ 800
05. Books, pictures and other art objects, antiques, stamp, coin, record, tape, compact disc, and other collections or collectibles.		
<b>Books, Compact Discs, Tapes/Records, Family Pictures</b>	J	\$ 50
06. Wearing Apparel		
<b>Necessary wearing apparel</b>	J	\$ 600
07. Furs and jewelry.		[X] None
08. Firearms and sports, photographic, and other hobby equipment.		[X] None
09. Interests in insurance policies. Name insurance company of each policy and itemize surrender or refund value of each.		[X] None
<b>Term Life Insurance - No Cash Surrender Value.</b>	H	
10. Annuities		[X] None
11. Interest in IRA, ERISA, Keogh, or other pension or profit sharing plans.		
<b>Thrift Savings w/ Employer/Former Employer - 100% Exempt.</b>		\$ 250,000
12. Stocks and interests in incorporated and unincorporated businesses.		[X] None
13. Interest in partnerships or joint ventures.		[X] None
14. Government and corporate bonds and other negotiable and non-negotiable instruments.		[X] None
15. Accounts receivable		[X] None



UNITED STATES BANKRUPTCY COURT

NORTHERN DISTRICT OF ILLINOIS EASTERN DIVISION

In re

Frank Michael Williams and Deborah Denise Williams / Debtors

Attorney for Debtor: Sharon Hunt

SCHEDULE B - PERSONAL PROPERTY

Except as directed below, list all personal property of the debtor of whatever kind. If the debtor has no property in one or more of the categories, place an "x" in the appropriate position in the column labeled "None." If additional space is needed in any category, attach a separate sheet properly identified with the case name, case number, and the number of the category. If the debtor is married, state whether husband, wife, or both own the property by placing an "H", "W", "J", or "C" in the column labeled "HWJC". If the debtor is an individual or a joint petition is filed, state the amount of any exemptions claimed only in Schedule C - Property Claimed as Exempt.

Description and Location of Property	H W J C	Market Value of Debtors Interest
16. Alimony, maintenance, support and property settlements to which the debtor is or may be entitled		[X] None
17. Other liquidated debts owing debtor including tax refunds.		[X] None
18. Equitable and future interests, life estates, and rights of power exercisable for the benefit of the debtor other than those listed in Schedule of Real Property.		[X] None
19. Contingent and Non-contingent interests in estate of a decedent, death benefit plan, life insurance policy, or trust.		[X] None
20. Other contingent and unliquidated claims of every nature, including tax refunds, counter claims of the debtor, and rights to setoff claims. Give estimated value of each.		[X] None
21. Patents, copyrights and other intellectual property.		[X] None
22. Licenses, franchises and other general intangibles.		[X] None
23. Autos, Truck, Trailers and other vehicles and accessories.		
1993 Pontiac Grand Prix 4/dr with over 166,000 miles	J	\$ 288
1994 Plymouth Voyager w/150K miles (not running)		\$ 1,200
24. Boats, motors and accessories.		[X] None
25. Aircraft and accessories.		[X] None
26. Office equipment, furnishings, and supplies.		[X] None
27. Machinery, fixtures, equipment, and supplies used in business.		[X] None
28. Inventory		[X] None
29. Animals		[X] None
Family Pets - 2 Cats	J	
30. Crops-Growing or Harvested.		[X] None
31. Farming equipment and implements.		[X] None
32. Farm supplies, chemicals, and feed.		[X] None
33. Other personal property of any kind not already listed.		[X] None
TOTAL		\$ 252,983



**UNITED STATES BANKRUPTCY COURT**  
**NORTHERN DISTRICT OF ILLINOIS EASTERN DIVISION**

Frank Michael Williams and Deborah Denise Williams / Debtors

Attorney for Debtor: Sharon Hunt

**SCHEDULE C - PROPERTY CLAIMED EXEMPT**

[ ] 11 U.S.C S522(b)(1): Exemptions provided in 11 U.S.C. S522(d). Note: These exemptions are available only in certain states.

[x] 11 U.S.C. S522(b)(2): Exemptions available under applicable nonbankruptcy federal laws, state or local law where the debtor's domicile has been located for the 180 days immediately preceding the filing of the petition, or for a longer portion of the 180-day period than in any other place, and the debtor's interest as tenant by the entirety or joint tenant to the extent interest is exempt from process under applicable nonbankruptcy law.

Description and Location of Property	Specify Law Providing Exemption and Value of Claimed Exemption	Market Value of Debtor's Interest Before Claim
00. Real Property		
<b>319 E. Streamwood Blvd Streamwood, IL 60107 (Debtor's Residence held in fee simple)</b>	735 ILCS 5/12-901 \$ 15,000	\$ 170,000
02. Checking, savings or other financial accounts, certificates of deposit or shares in banks, savings and load, thrift, building and load, and homestead associations or credit unions, brokerage houses, or cooperatives.		
<b>Checking account with Bank One - Acct # XXXXX8724</b>	735 ILCS 5/12-1001(b) \$ 40	\$ 40
<b>Checking account with TCF - Acct # XXXXXX0756</b>	735 ILCS 5/12-1001(b) \$ 5	\$ 5
04. Household goods and furnishings, including audio, video, and computer equipment.		
<b>Household goods; TV, VCR, DVD player, stereo, sofa, table, chairs, bedroom set, microwave, pots/pans, dishes/flatware</b>	735 ILCS 5/12-1001(b) \$ 800	\$ 800
05. Books, pictures and other art objects, antiques, stamp, coin, record, tape, compact disc, and other collections or collectibles.		
<b>Books, Compact Discs, Tapes/Records, Family Pictures</b>	735 ILCS 5/12-1001(a) \$ 50	\$ 50
06. Wearing Apparel		
<b>Necessary wearing apparel</b>	735 ILCS 5/12-1001(a),(e) \$ 600	\$ 600
11. Interest in IRA, ERISA, Keogh, or other pension or profit sharing plans.		
<b>Thrift Savings w/ Employer/Former Employer - 100% Exempt.</b>	735 ILCS 5/12-1006 \$ 250,000	\$ 250,000
23. Autos, Truck, Trailers and other vehicles and accessories.		
<b>1993 Pontiac Grand Prix 4/dr with over 166,000 miles</b>	735 ILCS 5/12-1001(b) \$ 288	\$ 288
<b>1994 Plymouth Voyager w/150K miles (not running)</b>	735 ILCS 5/12-1001(c) \$ 1,200	\$ 1,200



## UNITED STATES BANKRUPTCY COURT

## NORTHERN DISTRICT OF ILLINOIS EASTERN DIVISION

In re

Frank Michael Williams and Deborah Denise Williams / Debtors

Attorney for Debtor: Sharon Hunt

**SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS**

State the name, mailing address, including zip code, and account number, if any, of all entities holding claims secured by property of the debtor as of the date of filing of the petition. List creditors holding all types of secured interests such as judgment liens, garnishments, statutory liens, mortgages, deeds of trust, and other security interests. List creditors in alphabetical order to the extent practicable. If all secured creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether husband, wife, both of them, or the marital community may be liable on each claim by placing "H", "W", "J", or "C" in the column labeled "HWJC".

Creditor Name and Address	Account # Consideration For Claim Dates Claim Was Incurred	C U D	H W J C	Unsecured Amount	Claim Amount
1 <b><u>Nova Star Mortgage</u></b> Bankruptcy Department PO Box 2900 Shawnee KS 66201	Account No.: 837837732 Nature of Lien Mortgage Dates: 2003 Market Value \$ 170,000 Intention: None *Description: 319 E. Streamwood Blvd Streamwood, IL 60107 (Debtor's Residence held in fee simple)		J	\$0	\$ 159,000

**Law Firm(s) | Collection Agent(s) Representing the Original Creditor**

Pierce & Associates  
Attn: Bankruptcy Department  
1 N. Dearborn St. #1300  
Chicago IL 60603

2 <b><u>Nova Star Mortgage</u></b> Bankruptcy Department PO Box 2900 Shawnee KS 66201	Account No.: 837837732 Nature of Lien Mortgage Arrears Dates: 2004 Market Value \$ 170,000 Intention: None *Description: 319 E. Streamwood Blvd Streamwood, IL 60107 (Debtor's Residence)		J	\$0	\$ 28,000
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**Law Firm(s) | Collection Agent(s) Representing the Original Creditor**

Pierce & Associates  
Attn: Bankruptcy Department  
1 N. Dearborn St. #1300  
Chicago IL 60603

**TOTAL SECURED DEBT** \$ 187,000





UNITED STATES BANKRUPTCY COURT

NORTHERN DISTRICT OF ILLINOIS EASTERN DIVISION

In re

Frank Michael Williams and Deborah Denise Williams / Debtors

Attorney for Debtor: Sharon Hunt

**SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS**

A complete list of claims entitled to priority, listed separately by type of priority, is to be set forth on the sheets provided. Only holders of unsecured claims entitled to priority should be listed in this schedule. In the boxes provided on the attached sheets, state the name and mailing address, including zip code, and account number, if any, of all entities holding priority claims against the debtor or the property of the debtor, as of the date of the filing of the petition.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether husband, wife, both of them, or the marital community may be liable on each claim by placing an "H", "W", "J", or "C", in the column labeled "HWJC".

Claims of a spouse, former spouse, or child of the debtor, for alimony, maintenance or support, to the extent provided in 11 U.S.C. S507(a) (7).

Taxes and Certain Other Debts Owed to Governmental Units

Taxes, customs duties, and penalties owing to federal, state, and local governmental units as set forth in 11 U.S.C. S507(a) (8).

Creditor Name and Address	Account # Consideration For Claim Dates Claim Was Incurred	C	H W	Claim Amount
		U	J C	
		D		

[x] None



## UNITED STATES BANKRUPTCY COURT

## NORTHERN DISTRICT OF ILLINOIS EASTERN DIVISION

In re

Frank Michael Williams and Deborah Denise Williams / Debtors

Attorney for Debtor: Sharon Hunt

**SCHEDULE F - CREDITORS HOLDING UNSECURED NON-PRIORITY CLAIMS**

State the name, mailing address, including zip code, and account number, if any, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. Do not include claims listed in Schedules D and E. If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether husband, wife, both of them, or the marital community may be liable on each claim by placing an "H", "W", "J", or "C" in the column labeled "HWJC". If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Creditor Name and Address	Account # Consideration For Claim Dates Claim Was Incurred	C U D	H W J C	Claim Amount
1 <b><u>Alexian Brothers Med Center</u></b> Bankruptcy Department 21219 Network Place Chicago IL 60673	<b>Account No. F00646782</b> Reason: Medical/Dental Services Dates: 2001-2004		H	\$ 78
2 <b><u>Alexian Brothers Med Center</u></b> Bankruptcy Department 21219 Network Place Chicago IL 60673	<b>Account No. F012136610</b> Reason: Medical/Dental Services Dates: 2001-2004		W	\$ 226
3 <b><u>Alexian Brothers Med Center</u></b> Bankruptcy Department 21219 Network Place Chicago IL 60673	<b>Account No. F010732899</b> Reason: Medical/Dental Services Dates: 2001-2004		W	\$ 16,349
4 <b><u>AMCA</u></b> Bankruptcy Dept. PO Box 1235 Elmsford NY 10523	<b>Account No. MCD0003665A14</b> Reason: Medical/Dental Services Dates:		W	\$ 413
5 <b><u>AT&amp;T</u></b> Attn: Bankruptcy Dept. PO Box 8212 Aurora IL 60572-8212	<b>Account No. 24042680151</b> Reason: Utility Bills/Cellular Service Dates: 2003		H	\$ 925

**Law Firm(s) | Collection Agent(s) Representing the Original Creditor**

CBCS  
Bankruptcy Department  
PO Box 69  
Columbus OH 43216

6 <b><u>Bonaventure Medical Foundation</u></b> Bankruptcy Department 1515 E. Lake St., Ste. 101 Hanover Park IL 60133	<b>Account No. 4035903A380</b> Reason: Medical/Dental Services Dates: 7/18/2003		H	\$ 335
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**UNITED STATES BANKRUPTCY COURT**  
**NORTHERN DISTRICT OF ILLINOIS EASTERN DIVISION**

In re

**Frank Michael Williams and Deborah Denise Williams / Debtors**

**Attorney for Debtor: Sharon Hunt**

**SCHEDULE F - CREDITORS HOLDING UNSECURED NON-PRIORITY CLAIMS**

Creditor Name and Address	Account # Consideration For Claim Dates Claim Was Incurred	C U D	H W J C	Claim Amount
7 <b><u>Bonaventure Medical Foundation</u></b> Bankruptcy Department 1515 E. Lake St., Ste. 101 Hanover Park IL 60133	<b>Account No. 4238012A380</b> Reason: Medical/Dental Services Dates: 2001-2005		H	\$ 184
8 <b><u>Bonaventure Medical Foundation</u></b> Bankruptcy Department 1515 E. Lake St., Ste. 101 Hanover Park IL 60133	<b>Account No. 4358258A380</b> Reason: Medical/Dental Services Dates: 2001-2005		H	\$ 364
9 <b><u>Bonaventure Medical Foundation</u></b> Bankruptcy Department 1515 E. Lake St., Ste. 101 Hanover Park IL 60133	<b>Account No. 4358258</b> Reason: Medical/Dental Services Dates: 2001-2005		H	\$ 370
10 <b><u>Bonaventure Medical Foundation</u></b> Bankruptcy Department 1515 E. Lake St., Ste. 101 Hanover Park IL 60133	<b>Account No. 4204530A380</b> Reason: Medical/Dental Services Dates: 2001-2005		H	\$ 94
11 <b><u>Capital One</u></b> Bankruptcy Department PO Box 60000 Seattle WA 98190	<b>Account No. 10097545</b> Reason: Credit Card or Credit Use Dates: 2003-2005		W	\$ 637
<div style="border: 1px solid black; padding: 5px;"> <b>Law Firm(s)   Collection Agent(s) Representing the Original Creditor</b>   Academy Collection Service  Bankruptcy Department  10965 Decatur Rd.  Philadelphia PA 19154 </div>				
12 <b><u>Cardiovascular Med. Associatio</u></b> Bankruptcy Dept. 14640 John Humphrey Rd. Orland Park IL 60462	<b>Account No. 002000000348</b> Reason: Medical/Dental Services Dates: 10/28/2004		H	\$ 2,218
13 <b><u>Center for Sports Orthop.</u></b> Bankruptcy Dept. 1585 N. Barrington Road Hoffman Estates IL 60194	<b>Account No. 12850</b> Reason: Medical/Dental Services Dates: 12/2001		H	\$ 65



**UNITED STATES BANKRUPTCY COURT**  
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In re

**Frank Michael Williams and Deborah Denise Williams / Debtors**

**Attorney for Debtor: Sharon Hunt**

**SCHEDULE F - CREDITORS HOLDING UNSECURED NON-PRIORITY CLAIMS**

Creditor Name and Address	Account # Consideration For Claim Dates Claim Was Incurred	C U D	H W J C	Claim Amount
<b>14 Citibank</b> Bankruptcy Department PO Box 6000 The Lakes NV 89163-6000	<b>Account No. 1150084312315</b> Reason: Credit Card or Credit Use Dates: 2001-2005		H	\$ 2,600
<b>Law Firm(s)   Collection Agent(s) Representing the Original Creditor</b>				
NES Illinois Bankruptcy Department PO Box 503535 St. Louis MO 63150				
<b>15 Comcast</b> Bankruptcy Department PO Box 173885 Denver CO 80217	<b>Account No. 0018-2615-8770-0012</b> Reason: Cable Bill Dates: 2004		H	\$ 72
<b>16 Crafters Choice</b> Bankruptcy Dept. PO Box 361445 Columbus OH 43236	<b>Account No. 636802581</b> Reason: Dates: 2004		W	\$ 48
<b>Law Firm(s)   Collection Agent(s) Representing the Original Creditor</b>				
Allied Interstate Bankruptcy Department PO Box 361598 Columbus OH 43236-1598				
<b>17 Dependon Collection Service</b> Bankruptcy Dept. PO Box 6074 River Forest IL 60305	<b>Account No. 5551614143742</b> Reason: Credit Card or Credit Use Dates: 2003-2005		H	\$ 343
<b>18 Dr. C. Kalenowski</b> Bankruptcy Dept. 304 Bartlett Drive Bartlett IL 60103	<b>Account No. 4035985A380</b> Reason: Medical/Dental Services Dates: 2001-2005		W	\$ 1,188
<b>Law Firm(s)   Collection Agent(s) Representing the Original Creditor</b>				
Bonaventure Medical Foundation Bankruptcy Department 1515 E. Lake St., Ste. 101 Hanover Park IL 60133				



## UNITED STATES BANKRUPTCY COURT

## NORTHERN DISTRICT OF ILLINOIS EASTERN DIVISION

In re

Frank Michael Williams and Deborah Denise Williams / Debtors

Attorney for Debtor: Sharon Hunt

## SCHEDULE F - CREDITORS HOLDING UNSECURED NON-PRIORITY CLAIMS

Creditor Name and Address	Account # Consideration For Claim Dates Claim Was Incurred	C U D	H W J C	Claim Amount
19 <u>Dr. Kalenowski</u> Bankruptcy Dept. 304 Bartlett Drive Bartlett IL 60103	Account No. 4358258A380 Reason: Medical/Dental Services Dates: 2001-2005		H	\$ 201
Law Firm(s)   Collection Agent(s) Representing the Original Creditor				
Bonaventure Medical Foundation Bankruptcy Department 1515 E. Lake St., Ste. 101 Hanover Park IL 60133				
20 <u>DuPage Dental Care</u> Attn: Bankruptcy Department 206 N. Gary Ave. Carol Stream IL 60188	Account No. W10180 Reason: Medical/Dental Services Dates: 4/2004		W	\$ 74
21 <u>Elgin Cardiology</u>	Account No. 58054 Reason: Medical/Dental Services Dates: 2005		H	\$ 33
22 <u>Eugene Schnitzler, MDSC</u>	Account No. 575011 Reason: Medical/Dental Services Dates: 9/2004		H	\$ 466
Law Firm(s)   Collection Agent(s) Representing the Original Creditor				
Certified Services, Inc. Attn: Bankruptcy Dept. PO Box 177 Waukegan IL 60085				
23 <u>Grossman</u> Bankruptcy Dept. 1000 Grand Canyon Pkwy Hoffman Estates IL 60194	Account No. 04968-0010351908 Reason: Medical/Dental Services Dates: 2004		W	\$ 543
Law Firm(s)   Collection Agent(s) Representing the Original Creditor				
Transworld Systems Inc. Bankruptcy Department 25 Northwest Point Blvd. #750 Elk Grove Village IL 60007				



## UNITED STATES BANKRUPTCY COURT

## NORTHERN DISTRICT OF ILLINOIS EASTERN DIVISION

In re

Frank Michael Williams and Deborah Denise Williams / Debtors

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## SCHEDULE F - CREDITORS HOLDING UNSECURED NON-PRIORITY CLAIMS

Creditor Name and Address	Account # Consideration For Claim Dates Claim Was Incurred	C U D	H W J C	Claim Amount
<b>24 Grossman</b> Bankruptcy Dept. 1000 Grand Canyon Pkwy. Hoffman Estates IL 60194	<b>Account No. 37054-049680009924691</b> Reason: Medical/Dental Services Dates: 2004		H	\$ 47
<div> <b>Law Firm(s)   Collection Agent(s) Representing the Original Creditor</b> </div> Transworld Systems Inc. Bankruptcy Department 25 Northwest Point Blvd. #750 Elk Grove Village IL 60007				
<b>25 Grossman</b> Bankruptcy Dept. 1000 Grand Canyon Pkwy. Hoffman Estates IL 60194	<b>Account No. 36840</b> Reason: Medical/Dental Services Dates: 12/22/2004		W	\$ 208
<b>26 Grossman</b> Bankruptcy Dept. 1000 Grand Canyon Pkwy Hoffman Estates IL 60194	<b>Account No. 36841</b> Reason: Medical/Dental Services Dates:		H	\$ 18
<b>27 Grossman MD, SC</b> Bankruptcy Dept. 1000 Grand Canyon Pkwy. Hoffman Estates IL 60194	<b>Account No. 36839</b> Reason: Medical/Dental Services Dates: 10/27/04		W	\$ 315
<b>28 IPC of Illinois</b> Bankruptcy Dept. PO Box 92934 Los Angeles CA 90009	<b>Account No. 3529-8200-4072-699239</b> Reason: Medical/Dental Services Dates: 2003-2004		H	\$ 152
<b>29 IPC of Illinois</b> Bankruptcy Dept. PO Box 92934 Los Angeles CA 90009	<b>Account No. 2779-0200-4100-599223</b> Reason: Medical/Dental Services Dates: 2003-2004		W	\$ 1,012
<b>30 IPC of Illinois</b> Bankruptcy Dept. PO Box 92934 Los Angeles CA 90009	<b>Account No. 352982-0041-03099239</b> Reason: Medical/Dental Services Dates:		H	\$ 68
<b>31 Midwest Sports Med &amp; Orthoped.</b> Bankruptcy Dept. 901 Biesterfield Road Elk Grove Village IL 60007	<b>Account No. 74891</b> Reason: Medical/Dental Services Dates: 7/2004		H	\$ 1,452



**UNITED STATES BANKRUPTCY COURT**  
**NORTHERN DISTRICT OF ILLINOIS EASTERN DIVISION**

In re

**Frank Michael Williams and Deborah Denise Williams / Debtors**

**Attorney for Debtor: Sharon Hunt**

**SCHEDULE F - CREDITORS HOLDING UNSECURED NON-PRIORITY CLAIMS**

Creditor Name and Address	Account # Consideration For Claim Dates Claim Was Incurred	C U D	H W J C	Claim Amount
<b>32 MRI of Chicago</b> Bankruptcy Dept. 202 1st St. NW Mason City IA 50401	<b>Account No. W5139375</b> Reason: Medical/Dental Services Dates: 2002		H	<b>\$ 294</b>
<b>Law Firm(s)   Collection Agent(s) Representing the Original Creditor</b>				
Thomas Jolas, PC Bankruptcy Dept. 202 1st St. NW PO Box 4000 Mason City IA 50401				
<b>33 Neopath, S.C.</b> Attn: Bankruptcy Department 641 E. Butterfield Rd. Lombard IL 60148	<b>Account No. 08618621364120</b> Reason: Medical/Dental Services Dates: 10/2004		H	<b>\$ 224</b>
<b>34 Neopath, S.C.</b> Attn: Bankruptcy Department 641 E. Butterfield Rd. Lombard IL 60148	<b>Account No. 08618603062720</b> Reason: Medical/Dental Services Dates: 9/23/2004		H	<b>\$ 49</b>
<b>35 Neopath, S.C.</b> Attn: Bankruptcy Department 641 E. Butterfield Rd. Lombard IL 60148	<b>Account No. 08618699668880</b> Reason: Medical/Dental Services Dates: 8/1/2004		H	<b>\$ 49</b>
<b>36 Neopath, S.C.</b> Attn: Bankruptcy Department 641 E. Butterfield Rd. Lombard IL 60148	<b>Account No. 09019009127440</b> Reason: Medical/Dental Services Dates: 2/9/2004		H	<b>\$ 38</b>
<b>37 Neopath, S.C.</b> Attn: Bankruptcy Department 641 E. Butterfield Rd. Lombard IL 60148	<b>Account No. 08618699285080</b> Reason: Medical/Dental Services Dates: 7/23/2004		H	<b>\$ 82</b>
<b>38 Neopath, S.C.</b> Attn: Bankruptcy Department 641 E. Butterfield Rd. Lombard IL 60148	<b>Account No. 08618607328990</b> Reason: Medical/Dental Services Dates: 10/4/2004		W	<b>\$ 175</b>
<b>39 Northwest Community Hospital</b> Attn: Bankruptcy Dept. 3060 Salt Creek #110 Arlington Heights IL 60005	<b>Account No. 360674250</b> Reason: Medical/Dental Services Dates:		W	<b>\$ 25</b>



**UNITED STATES BANKRUPTCY COURT**  
**NORTHERN DISTRICT OF ILLINOIS EASTERN DIVISION**

In re

**Frank Michael Williams and Deborah Denise Williams / Debtors**

**Attorney for Debtor: Sharon Hunt**

**SCHEDULE F - CREDITORS HOLDING UNSECURED NON-PRIORITY CLAIMS**

Creditor Name and Address	Account # Consideration For Claim Dates Claim Was Incurred	C U D	H W J C	Claim Amount
<b>40 Quest Diagnostics, Inc.</b> Bankruptcy Department PO Box 64500 Baltimore MD 21264-4500	<b>Account No. 3028221214</b> Reason: Medical/Dental Services Dates: 8/5/2004		W	\$ 64
<b>Law Firm(s)   Collection Agent(s) Representing the Original Creditor</b>				
AMCA Collections Bankruptcy Dept. PO Box 1235 Elmsford NY 10523				
<b>41 Radiological Cons. Woodstock</b> Bankruptcy Department 641 E. Butterfield Rd, Ste 407 Lombard IL 60148	<b>Account No. 08041130967</b> Reason: Medical/Dental Services Dates: 2002-2004		W	\$ 128
<b>Law Firm(s)   Collection Agent(s) Representing the Original Creditor</b>				
Merchants Credit Guide Co. Bankruptcy Department 223 W. Jackson Blvd. Chicago IL 60606				
<b>42 Radiological Cons. Woodstock</b> Bankruptcy Department 641 E. Butterfield Rd, Ste 407 Lombard IL 60148	<b>Account No. 08042740295</b> Reason: Medical/Dental Services Dates: 2002-2004		H	\$ 38
<b>Law Firm(s)   Collection Agent(s) Representing the Original Creditor</b>				
Merchants Credit Guide Co. Bankruptcy Department 223 W. Jackson Blvd. Chicago IL 60606				





## UNITED STATES BANKRUPTCY COURT

## NORTHERN DISTRICT OF ILLINOIS EASTERN DIVISION

In re

Frank Michael Williams and Deborah Denise Williams / Debtors

Attorney for Debtor: Sharon Hunt

## SCHEDULE F - CREDITORS HOLDING UNSECURED NON-PRIORITY CLAIMS

Creditor Name and Address	Account # Consideration For Claim Dates Claim Was Incurred	C U D	H W J C	Claim Amount
<b>43 Radiological Cons. Woodstock</b> Bankruptcy Department 641 E. Butterfield Rd, Ste 407 Lombard IL 60148	<b>Account No. 08042230488</b> Reason: Medical/Dental Services Dates: 2002-2004		W	\$ 192
<b>Law Firm(s)   Collection Agent(s) Representing the Original Creditor</b>				
Merchants Credit Guide Co. Bankruptcy Department 223 W. Jackson Blvd. Chicago IL 60606				
<b>44 Radiological Cons. Woodstock</b> Bankruptcy Department 641 E. Butterfield Rd, Ste 407 Lombard IL 60148	<b>Account No. 09029008818247</b> Reason: Medical/Dental Services Dates:		H	\$ 192
<b>45 Radiological Cons. Woodstock</b> Bankruptcy Department 641 E. Butterfield Rd, Ste 407 Lombard IL 60148	<b>Account No. 09029009918208</b> Reason: Medical/Dental Services Dates: 7/23/2004		H	\$ 30
<b>46 Radiological Cons. Woodstock</b> Bankruptcy Department 641 E. Butterfield Rd, Ste 407 Lombard IL 60148	<b>Account No. 030545A</b> Reason: Medical/Dental Services Dates: 8/2004		H	\$ 55
<b>47 Radiological Cons. Woodstock</b> Bankruptcy Department 641 E. Butterfield Rd, Ste 407 Lombard IL 60148	<b>Account No. 030545A</b> Reason: Medical/Dental Services Dates: 2002-2005		H	\$ 143
<b>48 Radiological Cons. Woodstock</b> Bankruptcy Department 641 E. Butterfield Rd, Ste 407 Lombard IL 60148	<b>Account No. 374599A</b> Reason: Medical/Dental Services Dates: 10/2004		W	\$ 221
<b>49 Radiological Cons. Woodstock</b> Bankruptcy Department 641 E. Butterfield Rd, Ste 407 Lombard IL 60148	<b>Account No. 374599B</b> Reason: Medical/Dental Services Dates: 11/17/2004		W	\$ 75
<b>50 Sandra Smith, DDS.</b> Bankruptcy Dept. 18 E. Golf Road Schaumburg IL 60173	<b>Account No. _____?</b> Reason: Medical/Dental Services Dates: 8/2004		W	\$ 922



## UNITED STATES BANKRUPTCY COURT

## NORTHERN DISTRICT OF ILLINOIS EASTERN DIVISION

In re

Frank Michael Williams and Deborah Denise Williams / Debtors

Attorney for Debtor: Sharon Hunt

## SCHEDULE F - CREDITORS HOLDING UNSECURED NON-PRIORITY CLAIMS

Creditor Name and Address	Account # Consideration For Claim Dates Claim Was Incurred	C U D	H W J C	Claim Amount
51 <b><u>Sonic Payday</u></b>	Account No. 27865302 Reason: PayDay Loan Dates:		H	\$ 1,058
52 <b><u>Sprint PCS</u></b> Attn: Bankruptcy Dept. PO Box 219718 Kansas City MO 64121-9718	Account No. 052472785158 Reason: Utility Bills/Cellular Service Dates: 2004		H	\$ 555
53 <b><u>St. Alexis Medical Center</u></b> Attn: Bankruptcy Department 1555 Barrington Rd. Hoffman Estates IL 60194	Account No. F007493620 Reason: Medical/Dental Services Dates: 2001-2005		J	\$ 64
<div data-bbox="219 995 1149 1035">Law Firm(s)   Collection Agent(s) Representing the Original Creditor</div> <div data-bbox="219 1045 472 1165">Pellettieri &amp; Associates Bankruptcy Department 991 Oak Creek Lombard IL 60148</div>				
54 <b><u>St. Alexis Medical Center</u></b> Attn: Bankruptcy Department 1555 Barrington Rd. Hoffman Estates IL 60194	Account No. F009966888 Reason: Medical/Dental Services Dates: 2001-2005		H	\$ 25
55 <b><u>St. Alexis Medical Center</u></b> Attn: Bankruptcy Department 1555 Barrington Rd. Hoffman Estates IL 60194	Account No. F009127440 Reason: Medical/Dental Services Dates: 2001-2005		H	\$ 25
56 <b><u>St. Alexis Medical Center</u></b> Attn: Bankruptcy Department 1555 Barrington Rd. Hoffman Estates IL 60194	Account No. F00306272 Reason: Medical/Dental Services Dates: 2001-2005		H	\$ 161
57 <b><u>St. Alexis Medical Center</u></b> Attn: Bankruptcy Department 1555 Barrington Rd. Hoffman Estates IL 60194	Account No. F012136412 Reason: Medical/Dental Services Dates: 10/30/2004		H	\$ 18,000
58 <b><u>St. Alexis Medical Center</u></b> Attn: Bankruptcy Department 1555 Barrington Rd. Hoffman Estates IL 60194	Account No. F012136438 Reason: Medical/Dental Services Dates: 2002-2005		H	\$ 104



**UNITED STATES BANKRUPTCY COURT**  
**NORTHERN DISTRICT OF ILLINOIS EASTERN DIVISION**

In re

**Frank Michael Williams and Deborah Denise Williams / Debtors**

**Attorney for Debtor: Sharon Hunt**

**SCHEDULE F - CREDITORS HOLDING UNSECURED NON-PRIORITY CLAIMS**

Creditor Name and Address	Account # Consideration For Claim Dates Claim Was Incurred	C U D	H W J C	Claim Amount
59 <b><u>St. Alexis Medical Center</u></b> Attn: Bankruptcy Department 1555 Barrington Rd. Hoffman Estates IL 60194	<b>Account No. F006476782</b> Reason: Medical/Dental Services Dates: 2001-2005		H	\$ 78
60 <b><u>St. Alexis Medical Center</u></b> Attn: Bankruptcy Department 1555 Barrington Rd. Hoffman Estates IL 60194	<b>Account No. F010732899</b> Reason: Medical/Dental Services Dates: 2001-2005		H	\$ 1,011
61 <b><u>St. Alexis Medical Center</u></b> Attn: Bankruptcy Department 1555 Barrington Rd. Hoffman Estates IL 60194	<b>Account No. F006476782</b> Reason: Medical/Dental Services Dates: 2001-2005		H	\$ 78
62 <b><u>St. Alexis Medical Center</u></b> Attn: Bankruptcy Department 1555 Barrington Rd. Hoffman Estates IL 60194	<b>Account No. 5551-6141-4372</b> Reason: Medical/Dental Services Dates: 2001-2005		H	\$ 343
<b>Law Firm(s)   Collection Agent(s) Representing the Original Creditor</b>				
Dependon Collection Svc., Inc. Attn: Bankruptcy Department PO Box 6074 River Forest IL 60305-6074				
63 <b><u>St. Alexis Medical Center</u></b> Attn: Bankruptcy Department 1555 Barrington Rd. Hoffman Estates IL 60194	<b>Account No. F012136438</b> Reason: Medical/Dental Services Dates: 2001-2005		W	\$ 104
64 <b><u>Suburban Lung Associates, SC</u></b> Bankruptcy Department 810 Biesterfield Rd., Elk Grove Village IL 60007	<b>Account No. 8128</b> Reason: Medical/Dental Services Dates: 10/2004		W	\$ 80
65 <b><u>US Department of Education</u></b> Bankruptcy Department PO Box 4169 Greenville TX 75403	<b>Account No. 5197828491</b> Reason: Loan or Tuition for Education Dates:		H	\$ 66,366
66 <b><u>Village of Hoffman Estates</u></b> Bankruptcy Department PO Box 457 Wheeling IL 60090	<b>Account No. 115417</b> Reason: Medical/Dental Services Dates: 9/23/2004		H	\$ 502



**UNITED STATES BANKRUPTCY COURT  
NORTHERN DISTRICT OF ILLINOIS EASTERN DIVISION**

In re

**Frank Michael Williams and Deborah Denise Williams / Debtors**

**Attorney for Debtor: Sharon Hunt**

**SCHEDULE F - CREDITORS HOLDING UNSECURED NON-PRIORITY CLAIMS**

Creditor Name and Address	Account # Consideration For Claim Dates Claim Was Incurred	C U D	H W J C	Claim Amount
67 <b>Weiss Family Chiropractic</b> Bankruptcy Dept. 523 S. Bartlett Streamwood IL 60107	<b>Account No. 03051-00</b> Reason: Medical/Dental Services Dates: 8/03-10/03		W	<b>\$ 175</b>
				<b>\$ 122,823.00</b>
				<b>TOTAL UNSECURED DEBT</b>



**UNITED STATES BANKRUPTCY COURT  
NORTHERN DISTRICT OF ILLINOIS EASTERN DIVISION**

In re

**Frank Michael Williams and Deborah Denise Williams / Debtors**

**Attorney for Debtor: Sharon Hunt**

**SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES**

Describe all executory contracts of any nature and all unexpired leases of real or personal property. Include any timeshare interests. State nature of debtor's interest in contracts, i.e., "Purchaser," "Agent," etc. State whether debtor is the lessor or lessee of a lease. Provide the names and complete mailing addresses of all other parties to each lease or contract described.

NOTE: A party listed on this schedule will not receive notice of the filing of this case unless the party is also scheduled in the appropriate schedule of creditors.

**Name and Address of Other Parties to Instrument**

**Notes of Contract or Lease and Debtor's Interest**

**[x] None**



**UNITED STATES BANKRUPTCY COURT  
NORTHERN DISTRICT OF ILLINOIS EASTERN DIVISION**

In re

**Frank Michael Williams and Deborah Denise Williams / Debtors**

**Attorney for Debtor: Sharon Hunt**

**SCHEDULE H - CODEBTORS**

Provide the information requested concerning any person or entity, other than a spouse in a joint case, that is also liable on any debts listed by debtor in the schedules of creditors. Include all guarantors and co-signers. In community property states, a married debtor not filing a joint case should report the name and address of the nondebtor spouse on this schedule. Include all names used by the nondebtor spouse during the six years immediately preceding the commencement of this case.

**Name and Address of Co-Debtor**

**Name and Address of the Creditor**

☒ None



## UNITED STATES BANKRUPTCY COURT

## NORTHERN DISTRICT OF ILLINOIS EASTERN DIVISION

In re

Frank Michael Williams and Deborah Denise Williams / Debtors

Attorney for Debtor: Sharon Hunt

## SCHEDULE I - CURRENT INCOME OF INDIVIDUAL DEBTOR(S)

The column labeled "Spouse" must be completed in all cases filed by joint debtors and by a married debtor in a Chapter 12 or 13 case whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.

Debtor's Marital Status: Married

Dependent(s)

Son Age: 18

Son Age: 16

Son Age: 15

## EMPLOYMENT: DEBTOR

Occupation: Letter Carrier  
 Name of Employer: U.S.P.S  
 Years Employed: 10 Years  
 Employer Address: 1255 Gannon Dr  
 City, State, Zip: Hoffman Estates IL 60195

## EMPLOYMENT: SPOUSE

Contactor  
 Fourm Distributions  
 7 Years  
 P.O Box 68688  
 Schaumburg IL 60168

## INCOME AND PAYROLL DEDUCTIONS

## DEBTOR INCOME

## SPOUSE INCOME

Current monthly gross wages, salary, and commissions

\$ 4,289.98

\$ 1,955.11

Estimated Monthly overtime

\$ 0.00

\$ 0.00

## SUBTOTAL

a. Payroll Taxes &amp; Social Security

\$ 737.45

\$ 0.00

b. Insurance

\$ 216.54

\$ 0.00

c. Union Dues

\$ 0.00

\$ 0.00

d. Pension:

\$ 106.77

\$ 0.00

e. Other:

\$ 0.00

\$ 0.00

LESS PAYROLL DEDUCTIONS

\$ 1,060.76

\$ 0.00

TOTAL NET MONTHLY TAKE HOME PAY

\$3,229.22

\$1,955.11

Regular income from operation of business or profession or farm (attach detailed statement)

\$ 0.00

\$ 0.00

Income from real property

\$ 0.00

\$ 0.00

Interest and dividends

\$ 0.00

\$ 0.00

Alimony, maintenance or support payments payable to debtor for the debtor's use or that of dependents listed above

\$ 0.00

\$ 0.00

Pension or retirement income

\$ 0.00

\$ 0.00

Other monthly income - Govt

\$ 0.00

\$ 0.00

\$ 0.00

\$ 0.00

TOTAL MONTHLY INCOME

\$ 3,229.22

\$ 1,955.11

TOTAL COMBINED MONTHLY INCOME

\$5,184.33

Describe any increase/decrease of more than 10% in any of the above categories anticipated to occur within the yr following filing of this document:



## UNITED STATES BANKRUPTCY COURT

## NORTHERN DISTRICT OF ILLINOIS EASTERN DIVISION

In re

Frank Michael Williams and Deborah Denise Williams / Debtors

Attorney for Debtor: Sharon Hunt

**SCHEDULE J - CURRENT EXPENDITURES**

Complete this schedule by estimating the average monthly expenses of the debtor and the debtor's family. Pro rate any payments made bi-weekly, quarterly, semi-annually, or annually to show monthly rate

☐ Check this box if a joint petition is filed and debtor's spouse maintains a separate household. Complete a separate schedule of expenditures labeled "Spouse".

**MORTGAGE & RENT** (include lot rented for mobile home)Are real estate taxes included? ☒ Yes ☐ NoIs property insurance included? ☒ Yes ☐ No**UTILITIES & MAINTENANCE****NECESSARY LIVING EXPENSES****INSURANCE** - Not deducted from wages or included in home mortgage payments**AUTOMOBILE EXPENSES****SUPPORT PAYMENTS****ALL OTHER MISCELLANEOUS EXPENSES**

1st Mortgage or Rent	\$ 0.00
2nd Mortgage	\$ 0.00
3rd Mortgage	\$ 0.00
Electricity and Heating Fuel	\$ 216.00
Water and Sewer	\$ 35.00
Telephone	\$ 75.00
Garbage	\$ 20.00
Cable	\$ 0.00
Repairs, Maintenance & Upkeep	\$ 50.00
Food	\$ 600.00
Clothing	\$ 100.00
Laundry and Dry Cleaning	\$ 65.00
Medical and Dental expenses, Rx Medicines	\$ 300.00
Fuel, Maintenance, Tools, Parking, Upkeep	\$ 400.00
Recreation, Clubs, and Entertainment, etc	\$ 0.00
Newspapers, Magazines	\$ 20.00
Charitable contributions	\$ 0.00
Homeowner's or Renter's	\$ 0.00
Life	\$ 0.00
Health	\$ 0.00
Auto	\$ 65.00
Taxes - Not deducted from wages or included in home mortgage payments	\$ 135.00
Auto Installment Payments	\$ 0.00
Auto Repair	\$ 100.00
Alimony, maintenance, and support paid to others	\$ 0.00
Payments for support of additional dependents not living at your home	
Regular expenses from operation of business, profession, farm (attach detailed statement)	
Haircuts	\$ 50.00
Personal Care, Non-Rx, Toiletries, Cleaning Supplies	\$ 80.00
Postage/Banking	\$ 7.40
Contacts	\$ 45.00
Tuition, Books	\$ 40.00
Student Loans	\$ 0.00
Cell Phone	\$ 100.00
Pet Care/Tobacco	\$ 100.00

**TOTAL MONTHLY EXPENSES (Report also on Summary of Schedules)****\$ 2,603.40****FOR CHAPTER 12 AND 13 DEBTORS ONLY**

A. Total projected monthly income	\$ 5,184.33
B. Total projected monthly expenses	\$ 2,603.40
C. Excess income (A minus B)	\$ 2,580.93
D. Total amount to be paid into plan monthly	

**\$ 2,580.00**



**UNITED STATES BANKRUPTCY COURT**  
**NORTHERN DISTRICT OF ILLINOIS EASTERN DIVISION**

In re

Frank Michael Williams and Deborah Denise Williams / Debtors

Attorney for Debtor: Sharon Hunt

**STATEMENT OF FINANCIAL AFFAIRS**

This statement is to be completed by every debtor. Spouses filing a joint petition may file a single statement on which the information for both spouses is combined. If the case is filed under chapter 12 or chapter 13, a married debtor must furnish information for both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. An individual debtor engaged in business as a sole proprietor, partner, family farmer, or self-employed professional, will provide information requested on this statement concerning all such activities as well as the individual's personal affairs.

**DEFINITIONS**

"In business." A debtor is "in business" for the purpose of this statement if the debtor is a corporation or partnership. An individual debtor is "in business" for the purpose of this form if the debtor is or has been, within the six years immediately preceding the filing of this bankruptcy case, any of the following: an officer, director, managing executive, or owner of 5 percent or more of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership; a sole proprietor or self-employed.

"Insider." The term "insider" includes but is not limited to: relatives of the debtor; general partners of the debtor and their relatives; corporations of which the debtor is an officer, director, or person in control; officers, directors, and any owner of 5 percent or more of the voting or equity securities of a corporate

**Description and Details**

01. INCOME FROM EMPLOYMENT OR OPERATION OF BUSINESS: Identify all sources of income if there is more than one. State the gross amount of income debtor has received from employment, trade, or profession, or from operation of the debtor's business from the beginning of this calendar year to the date this case was commenced. State also the gross amounts received during the 2 years immediately preceding this case calendar year.

**Debtor****This Year.....: Approx. \$ 23,571****Last Year.....: Approx. \$ 49,000****The Year Before: Approx. \$ 39,400****Source.....: Employment**

Spouse

**Spouse****This Year.....: Approx. \$ 13,700****Last Year.....: Approx. \$ 23,400****Year Before.....: Approx. \$ 23,400****Source.....: Employment**

02. INCOME OTHER THAN FROM EMPLOYMENT OR OPERATION OF BUSINESS: State the amount of income received by the debtor OTHER than from employment, trade, profession, or operation of the debtor's business during the 2 years immediately preceding the commencement of this case. Include all payments received from any source. Indicate multiple sources of income.

☒ NONE

Spouse

☒ NONE

03. PAYMENTS TO CREDITORS: List all payments on loans, installments, purchases of goods or services, and other debts, aggregating more than \$600.00 to any creditor, made within 90 days immediately preceding the commencement of this case. INCLUDE MORTGAGE AND VEHICLE PAYMENTS MADE IN THE LAST 3 MONTHS.

☒ NONE

03b PAYMENTS TO RELATIVES OR INSIDERS List all payments made within 1 year immediately preceding the commencement of this case or for the benefit of creditors who are or were insiders.

☒ NONE

04. SUITS AND ADMINISTRATIVE PROCEEDINGS, EXECUTIONS, GARNISHMENTS AND ATTACHMENTS:

List all lawsuits & administrative proceedings you were a party to within 1 year of today, whether as a plaintiff or defendant or other party: include divorces, injury claims, employment claims and all others.



**UNITED STATES BANKRUPTCY COURT**  
**NORTHERN DISTRICT OF ILLINOIS EASTERN DIVISION**

In re

**Frank Michael Williams and Deborah Denise Williams / Debtors****Attorney for Debtor: Sharon Hunt**
**STATEMENT OF FINANCIAL AFFAIRS**
**04. SUITS AND ADMINISTRATIVE PROCEEDINGS, EXECUTIONS, GARNISHMENTS AND ATTACHMENTS:**

List all lawsuits & administrative proceedings you were a party to within 1 year of today, whether as a plaintiff or defendant or other party: include divorces, injury claims, employment claims and all others.

**Case Title.....: State Of Illinois/Pierce & Associates Vs Frank & Deborah Williams****Case No.....: 04 CH 17610****Court/Agency Location: Cook County****Nature of Proceeding.: Mortgage Foreclosure****Suit Status.....: Pending**

04b: WAGES OR ACCOUNTS GARNISHED: List all property that has been attached, garnished or seized under any legal or equitable process within 1 year:

**[X] NONE**

05. REPOSSESSION, FORECLOSURES AND RETURNS: List all property repossessed, sold at foreclosure sale, deed in lieu of foreclosure, returned to the seller, within 1 year of filing this bankruptcy:

**[X] NONE**

06. ASSIGNMENTS AND RECEIVERSHIPS: List assignment of property for benefit of creditors within 120 days before filing this bankruptcy:

**[X] NONE**

List any property in the hands of a custodian, receiver, or court-appointed official within 1 year of today.

**[X] NONE**

07. GIFTS: List all gifts or charitable contributions you made within 1 year before filing this bankruptcy case except ordinary & usual gifts or family members less than \$200.00 total per individual family member, & charity contributions less than \$100.00 per recipient.

**[X] NONE**

08. LIST ALL FIRE, THEFT OR GAMBLING LOSSES WITHIN 1 YEAR OF TODAY:

**[X] NONE****09. LIST ALL PAYMENTS TO CREDIT COUNSELORS OR BANKRUPTCY ATTORNEYS INCLUDING PETER FRANCIS**

GERACI: (by you, or by others for you, within 1 year of today)

**Payee.....: Law Offices of Peter Francis Geraci****Address.....: 55 East Monroe Street****Address2.....: Suite 3400****Address3.....: Chicago IL 60603****Date of Payment.: 7/2005****Payor.....: Debtor****Payment/Value.....:\$2,700.00**

In addition to Peter Francis Geraci and his employees of his firm, I hired, at no additional fee, attorneys listed on my contract of representation to work on my case.

**[X] NONE**

10. If you transferred any property of any kind, either absolutely or as security, within 1 year of today, give details: (Including but not limited to: vehicle trades, transfers or sales, loans against property, divorce transfers, quit-claim deeds, trusts)

**[X] NONE**

11.If you CLOSED or TRANSFERRED any checking savings, pension, stock, brokerage, mutual fund, credit union or other accounts within 1 year of today, list details:

**[X] NONE**

12. LIST ANY SAFETY DEPOSIT BOXES OR OTHER DEPOSITORY PLACES the debtor has or had securities, cash, or other valuables within 1 year of today:

**[X] NONE**

13. LIST ALL SETOFFS by any creditor, such as a bank or credit union, against a debt or deposit of yours within the past year.

**[X] NONE**

**UNITED STATES BANKRUPTCY COURT**  
**NORTHERN DISTRICT OF ILLINOIS EASTERN DIVISION**

In re

**Frank Michael Williams and Deborah Denise Williams / Debtors****Attorney for Debtor: Sharon Hunt**
**STATEMENT OF FINANCIAL AFFAIRS**

14. LIST ALL PROPERTY THAT YOU HOLD FOR ANOTHER PERSON: (Including but not limited to: minor's accounts, vehicle in your name that is really someone else's, accounts or property or items you are on title to or in possession of)

[X] NONE

15. WHERE HAVE YOU LIVED IN LAST 2 YEARS:

[X] NONE

16. COMMUNITY PROPERTY STATES WISCONSIN & OTHERS: If you live or did live in a community property state or territory (Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) in last 6 years, name your spouse & ex-spouse & the community property state.

[X] NONE

17. ENVIRONMENTAL INFORMATION: "Environmental Law" means any federal, state, or local statute or regulation regulating pollution, contamination, releases of hazardous or toxic substances, wastes or material into the air, land, soil surface water, ground water, or other medium, including, but not limited to, statutes or regulations regulating the cleanup of the these substances, wastes, or material.

[X] NONE

"Site" means any location, facility, or property as defined under any Environmental Law, whether or not presently or formerly owned or operated by the debtor, including, but not limited to, disposal sites. "Hazardous material" means anything defined as a hazardous waste, hazardous or toxic substances, pollutant, or contaminant, etc. under environmental Law.

a. If you have received notice of violation of any ENVIRONMENTAL LAW VIOLATION, list name & address of every site & the governmental unit, date of the notice, & Environmental law:

[X] NONE

b. If you provided notice of release of Hazardous Material, list name and address of every site and governmental unit.

[X] NONE

c. If you were party to any Environmental Law judicial or administrative proceedings, orders or settlements, give the name & address of governmental unit that is or was a party to the proceedings, & docket number.

[X] NONE

18. a. List names, addresses, taxpayer ID #, nature of business, begin & end dates all businesses, sole-proprietors, partnerships, corporations in which you had any interest, office, 5% of more voting or equity interest within 6 years of today. List same if debtor is partnership or corporation.

[X] NONE

Name Taxpayer ID# ADDRESS NATURE DATES

b. Identify any business listed above that is a "single asset real estate" as defined in 11 U.S.C. 101.

b. Identify any business listed in subdivision a. that is "single asset real estate" as defined in 11 U.S.C. 101.

[X] NONE

19. List all bookkeepers and accountants in the last 2 years who kept, or supervised the keeping of, your books of account and records.

[X] NONE

b. List all firms or individuals who have audited the books of account and records, or prepared a financial statement of yours in the last 2 years.

[X] NONE

c. List all firms or individuals who are now in possession of your books of account and records of the debtor. If any books or records are not available, explain.

[X] NONE

d. List all financial institutions, creditors and other parties, including mercantile and trade agencies, to whom a financial statement was issued within the last 2 years.

[X] NONE

20. INVENTORIES

[X] NONE

a. List the dates of the last two inventories taken of your property, the name of the person who supervised the taking of each inventory, and the dollar amount and basis of each inventory.



**UNITED STATES BANKRUPTCY COURT**  
**NORTHERN DISTRICT OF ILLINOIS EASTERN DIVISION**

In re

**Frank Michael Williams and Deborah Denise Williams / Debtors**

**Attorney for Debtor: Sharon Hunt**

**STATEMENT OF FINANCIAL AFFAIRS**

## 20. INVENTORIES

a. List the dates of the last two inventories taken of your property, the name of the person who supervised the taking of each inventory, and the dollar amount and basis of each inventory.

☒ NONE

b. List the name and address of the person having possession of the records of each of the two inventories reported in a., above.

☒ NONE

21A. Only if you are a partnership, list nature and percentage of interest of each member of it.

☒ NONE

b. Only if debtor is a corporation, list officers & directors; each stockholder who directly or indirectly owns, controls, or holds 5% or more of the voting or equity securities of the corporation.

☒ NONE

22. ONLY IF debtor is a partnership, list each member who withdrew from the partnership within 1 year.

☒ NONE

b. If the debtor is a corporation, list all officers or directors whose relationship with the corporation terminated within 1 year immediately preceding the commencement of this case.

☒ NONE

23. ONLY IF DEBTOR IS A PARTNERSHIP OR CORPORATION, list withdrawals or distributions or payments, bonuses, loans etc. to insiders, including compensation in any form, in past year.

☒ NONE

24. ONLY IF YOU ARE A CORPORATION, list information of parent corporation and taxpayer ID number in last 6 years.

☒ NONE

25. ONLY IF debtor is not an individual, list name & federal taxpayer ID number of any pension fund to which debtor, as an employer, was responsible for contributing in last 6 years.

☒ NONE

**I DECLARE UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT.**

Dated: \_\_\_\_/\_\_\_\_/2005

**Frank Michael Williams**

**X Date & Sign**

Dated: \_\_\_\_/\_\_\_\_/2005

**Deborah Denise Williams**

**X Date & Sign**

\* Joint debtors must provide information for both spouses. Penalty for making a false statement or concealing property:  
 Fine up to \$500,000 or up to 5 years imprisonment or both. 18 U.S.C. 152 and 3571.



## UNITED STATES BANKRUPTCY COURT

## NORTHERN DISTRICT OF ILLINOIS EASTERN DIVISION

In re

Frank Michael Williams and Deborah Denise Williams / Debtors

Attorney for Debtor: Sharon Hunt

## STATEMENT OF INTENTION

1. Debtor(s) have filed a schedule of assets/liabilities including consumer debts secured by property of the estate.
2. Debtor(s) intention with respects to their property of the estate which secures those consumer debts is as follows:
3. Debtor(s) understand that 521(2)(B) of the Bankruptcy Code requires that the below stated intentions must be performed within 45 days of filing.

Description of Property	Creditor's Name	Intention
PROPERTY TO BE RETAINED		

☒ None

\*524(c): Debt will be reaffirmed pursuant to Sec. 524(c)

\*722: Property is claimed as exempt and will be redeemed pursuant to Sec. 722

I DECLARE UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT.

Dated: \_\_\_\_/\_\_\_\_/2005

Frank Michael Williams

X Date &amp; Sign

Dated: \_\_\_\_/\_\_\_\_/2005

Deborah Denise Williams

X Date &amp; Sign

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## UNITED STATES BANKRUPTCY COURT

## NORTHERN DISTRICT OF ILLINOIS EASTERN DIVISION

In re

Frank Michael Williams and Deborah Denise Williams / Debtors

Attorney for Debtor: Sharon Hunt

## SUMMARY OF SCHEDULES

Indicate as to each schedule whether that schedule is attached and state the number of pages in each. Report the totals from Schedules A, B, C, D, E, F, I and J in the boxes provided. Add the amounts from Schedules A and B to determine the total amount of the debtor's assets. Add the amounts from Schedules D, E, and F to determine the total amount of the debtor's liabilities.

Name of Schedule	Attached YES   NO	Pages	AMOUNTS SCHEDULED		
			Assets	Liabilities	Other
SCHEDULE A - Real Property	Yes	1	\$170,000		
SCHEDULE B - Personal Property	Yes	1+	\$252,983		
SCHEDULE C - Exempt	Yes	1+			
SCHEDULE D - Secured	Yes	1+		\$187,000	
SCHEDULE E - UnSecured Priority	Yes	1			
SCHEDULE F - UnSecured NonPriority	Yes	1+		\$122,823	
SCHEDULE G - Executory Contracts	Yes	1+			
SCHEDULE H - CoDebtors	Yes	1+			
SCHEDULE I - Income	Yes	1+			\$5,184
SCHEDULE J - Expenditures	Yes	1+			\$2,603
			\$ 422,983	\$ 309,823	
			TOTAL ASSETS	TOTAL LIABILITIES	



**UNITED STATES BANKRUPTCY COURT  
NORTHERN DISTRICT OF ILLINOIS EASTERN DIVISION**

In re

**Frank Michael Williams and Deborah Denise Williams / Debtors**

**Attorney for Debtor: Sharon Hunt**

**DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR**

I declare under penalty of perjury that I have read the foregoing summary and schedules, and that they are true and correct to the best of my knowledge, information and belief. I have disclosed on the foregoing schedules all property or assets I may have an interest in, the correct value of it, and every debt I may be liable for. I accept the risk that some debts won't be discharged. I have been advised of the difference between Chapter 7 and Chapter 13, income & expense concepts, budgeting, and have made full disclosure.

Debtor's attorney has advised debtor that creditors can object to discharge of their debt on a variety of grounds including fraud, recent credit usage, divorce and support obligations and reckless conduct.

Debtor's attorney has advised debtor that non-dischargeable debts such as taxes, student loans, fines by government units and liens on property of debtor are generally unaffected by bankruptcy.

**I DECLARE UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT**

Dated: \_\_\_\_/\_\_\_\_/2005

**Frank Michael Williams**

**X Date & Sign**

Dated: \_\_\_\_/\_\_\_\_/2005

**Deborah Denise Williams**

**X Date & Sign**

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**UNITED STATES BANKRUPTCY COURT  
NORTHERN DISTRICT OF ILLINOIS EASTERN DIVISION**

In re

**Frank Michael Williams, and Deborah Denise Williams / Debtors**

**Attorney for Debtor: Sharon Hunt**

**VERIFICATION OF CREDITOR MATRIX**

The above named Debtor(s) hereby verify that the attached list of creditors is true and correct to the best of our knowledge.

**I DECLARE UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT.**

Dated:\_\_\_\_/\_\_\_\_/2005

\_\_\_\_\_  
**Frank Michael Williams**

**X Date & Sign**

Dated:\_\_\_\_/\_\_\_\_/2005

\_\_\_\_\_  
**Deborah Denise Williams**

**X Date & Sign**

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